

## **FOCUS AREA F: RISK COMMUNICATION AND HEALTH INFORMATION DISSEMINATION (PUBLIC INFORMATION AND COMMUNICATION)**

MDPH intends to deliver at least sixty percent of funds, directly or indirectly, to increase capacity at the local level for bioterrorism preparedness and response.

**CRITICAL CAPACITY:** *to provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.*

1. **Develop an interim plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response.**

### **Progress To Date:**

- ◆ The Commonwealth of Massachusetts has an existing plan and system for risk communication and information dissemination which is used regularly and which will benefit from a thorough evaluation and revision. In a disaster, the Massachusetts Department of Public Health is the designated state agency responsible for health and medical services (ESF 8) including assessment of health/medical needs, health surveillance and public health information, among many others. MDPH representatives work closely with the Massachusetts Emergency Management Agency (MEMA) staff, FBI, state police, the Department of Fire Services/HazMat, hospitals, EMS, other first responders, private health care providers and other key agencies to respond to a wide variety of public health emergencies.
- ◆ Cities and towns in Massachusetts have a range of plans and systems for risk communications and health information dissemination as well, which provide a starting point for assessment and revision.
- ◆ The MDPH Emergency Response Team includes Assistant Commissioners and other senior management from several MDPH Bureaus, the Emergency Preparedness Coordinator and MDPH Director of Public Affairs. State-level responsibility for risk communication and public information tasks has been the primary responsibility of a single Director of Public Affairs, working in conjunction with the Commissioner and members of senior management. The MDPH does not have a full-time expert in risk communication on staff. On the local level, a designated public information officer may be an experienced professional who is employed to provide communications services during an emergency, or may be a volunteer member from a local board of health with little experience in risk communication. MDPH and local entities have a history of successful health information dissemination during times of crisis - as evidenced during the West Nile virus and anthrax crises of 2000 and 2001. Our communication challenges were highlighted during these crises as well.
- ◆ MDPH has developed a variety of methodologies aimed at effective communication of public health risks with the media, local health officials, the medical communities and the general public. These methods have been shared with local health officials at annual meetings, and at special seminars (e.g., hospital grand rounds) that have been planned and implemented in partnership with agencies like the Massachusetts Health Officers Association, the Massachusetts Association of Health Boards, the Massachusetts Hospital Association and the Massachusetts Environmental Health Association. Regional "town meetings" held during the anthrax crisis were an effective way to educate and reduce anxiety, and obtain feedback from community representatives to improve the response.
- ◆ MDPH has a commitment to communicating health information to special populations. This commitment is shared by many other individuals, agencies and health departments throughout the state. Translation of materials into dozens of languages, use of media other than print, use of interpreters, TDD, and other modes of communication ensures that health information is disseminated effectively throughout the Commonwealth. This is particularly important and challenging during a public health emergency--particularly if specific policies and procedures for emergency communication with special populations have not been established. In addition, it is clear that mental health and substance abuse issues may be challenging during public health emergencies. To address these issues MDPH has begun working with the Department of Mental Health, which has prepared a statewide "Disaster Mental Health Services in Massachusetts" needs assessment in conjunction with the Center for Mental Health Services.
- ◆ The Health Alert Network, and use of web-based, satellite and video conferencing technologies, promise to improve communication with key partners and local communities.

### **Proposed Activities:**

- ◆ Senior public information officers from health departments, hospitals, EMS, other first responders and other health agencies will receive in-depth training on Risk Communication theory and best practices.

- ◆ Regionally-based instructors will be trained in risk communication principles. Risk communication training will be offered to members of local boards of health, hospital staff, private providers, first responders, EMS and other public health practitioners in regional workshops and satellite programs.
- ◆ Following the Risk Communication training, health departments will review the public information components of their existing emergency response plan, and related communications practices, and a revised plan will be prepared and distributed for review and comment. The emerging role of the Health Alert Network and new technologies will be included as a component of these plans. An organizational chart of trained media spokespeople within each MDPH Bureau and in local health departments will be formalized. Regionally-based instructors will work with local agencies on reviewing and revising communications plans through the use of tabletop and functional exercises, in conjunction with HRSA-funded hospital preparedness programs and state and local media.
- ◆ Risk communication training will be provided to health department staff and others who are first points of contact with the general public in emergency situations. Training will include an examination of needs of special populations and mental health issues during public health emergencies.

#### **Timeline and evaluation:**

- ◆ Risk communication training for health department, hospital, EMS and first responder staff people, mental health counselors, local public information officers, private health care providers and others will begin in September, 2002.
  - ◆ An updated interim plan for emergency communication will be distributed for MDPH senior management review and comment by October 31, 2002. A parallel review process will be initiated on the local and regional levels.
  - ◆ A train-the-trainer program in risk communication principles and practices will be developed and piloted by the end of December, 2002. This program will be offered in six regions during 2003.
- 2. Conduct a needs assessment to evaluate the communication and information needs for health and risk information for public health threats and emergencies.**

#### **Progress To Date:**

- ◆ During the summer and fall of 2000, an Emergency Planning Needs Assessment of approximately 100 local boards of health was conducted. During this pre-9/11 period it seemed clear that during non-emergency times communication and public information channels were fairly well-established and strong (see below).
- ◆ West Nile Virus and Anthrax activities during 2000 and 2001 served as an assessment of communication and information needs for health and risk information, suggesting a number of areas which could be improved. A formal needs assessment has not been conducted.

#### **At the Local Level**

During the summer and fall of 2000, approximately 100 local boards of health participated in the Emergency Planning Needs Assessment.

When asked *"For the jurisdiction served by your local public health agency, is there a network of support and communication relationships that includes health-related organizations, the media and the general public?"* 96.8% responded "Yes."

When asked *"In your jurisdiction, is the public regularly provided with information about current health status, health care needs, positive health behaviors, and health care policy issues?"* 84% responded "Yes."

When asked *"Within the past year in your jurisdiction has the local public health agency provided reports to the media on a regular basis?"* 78% responded "Yes."

#### **Proposed Activities:**

- ◆ Comprehensive formative research, informed by partnerships with and input from public and private organizations, will identify communication and information needs for health and risk information. This research will be framed by principles of risk communication in an assessment of the strengths and weaknesses of the communications systems. The communication needs of special populations during emergencies will be assessed through this process. See also Focus Area A and G for descriptions of a statewide needs assessment and qualitative formative research.
- ◆ Training on risk communication, as described above, for state employees, other public health professionals, hospital staff, EMS, first responders and local public information officers, will be provided in regional workshops. Mental health and substance abuse issues that emerge during crises, and the impact on health communication, will be addressed in these trainings. Training, including functional exercises, will be coordinated with HRSA-funded hospital preparedness activities and state and local media.

### **Timeline and evaluation:**

- ◆ By 9/30/02, focus groups will be completed and training in risk communication for state and local spokespeople will have begun. See Focus Area A for the timeline for a statewide needs assessment.
- 3. **Review appropriate risk communication strategies and resources from the private sector, the media, and federal emergency management sources, including the CDC Public Health Preparedness and Response Web site, other national Web sites, state/local Health Alert Networks, online and hard-copy "bulletin boards," hotlines and clearinghouses, and other tested communication strategies, and concepts. Develop a plan and implement effective channels of communication for reaching the general public and special populations during public health emergencies.**

### **Progress To Date:**

- ◆ The MDPH Director of Public Affairs coordinates agency risk communication and public information efforts single-handedly, incorporating strategic communication planning and coordination with the electronic and print media. Experience with the challenges of the anthrax public health emergency demonstrated the critical need for additional trained staff in this key communication and public information function, on the state and local levels.
- ◆ MDPH and community partners have used many communication strategies and resources successfully to respond to public health emergencies. Telephone hotlines, broadcast fax, daily Web updates, conference calls, satellite broadcasts, press releases, posts to health agency listserves, and town meetings have all been utilized. The development of the Health Alert Network will provide state-of-the-art emergency communication capability with key partners across the state.
- ◆ Vincent Covello's "Risk Communication for Public Health Preparedness and Response" satellite broadcast was shown at the State Laboratory Institute during the fall of 2001. Approximately 20 attended, representing MDPH and local agencies. The video of this training is available. A second satellite training featuring Vincent Covello occurred on 4/2/02.

### **Proposed Activities:**

- ◆ To meet the challenges of public information and risk communication during public health emergencies including bioterrorism, the Office of Public Affairs will expand from the present staffing level of a single Director. Two communications experts with risk communication expertise (one to be based at the State Laboratory Institute) will be hired, along with a research assistant with skills in public health information technology. In addition, an administrative assistant will provide a more rapid and efficient interface with the print and electronic media.
- ◆ The new Public Affairs staff will review risk communications strategies and resources and develop a statewide plan for effective communication with the general public and special populations during public health emergencies using multiple strategies and resources. This plan will incorporate the findings from the formative research and feedback from agencies impacted by the plan.
- ◆ The new Public Affairs staff will work closely with local boards of health, hospitals and regional planning groups to address training needs, update plans for emergency communications, and assess plans through tabletop and functional exercises including state and local media.
- ◆ The Public Affairs program will work with other state agencies, professional organizations, the media, local public information officers, hospitals, EMS, private health care providers, first responders, and others, to improve public information and risk communication during emergencies.
- ◆ A formal assessment of MDPH risk communication procedures and practices with special populations will be conducted. The results of this assessment will be used to ensure effective and timely communication with special populations during public health emergencies. This includes an analysis of mental health issues during health emergencies and the impact on health communication, outreach, referral and treatment. A parallel assessment process will occur on the local and regional levels.
- ◆ A draft plan for improvements in emergency communication practices with special populations will be developed by the Public Affairs staff and will go out to special populations for comment. Public Affairs staff will work with local health departments to assess the needs of special populations on the local level and develop emergency communications plans to address the needs.

### **Timeline and evaluation:**

- ◆ New Public Affairs staff will be hired by 9/30/02.
- ◆ Draft statewide plan, incorporating research-based risk communication strategies, will be completed by 12/31/02 and sent out for comment.

- ◆ Formative research assessing the specific communication needs of special populations during public health emergencies will be completed by 9/30/02.
  - ◆ Draft report addressing needs of special populations will go out for comment by 12/31/02.
  - ◆ Based on the needs identified in formative research, barriers to effective emergency communications will be addressed through the development of new materials or means of communication with special populations, and training for public information officers.
4. **As part of the final plan, identify key public health spokespersons and ensure their competency, awareness, and ongoing training necessary to effectively communicate with the public and media to prepare for and respond to public health emergencies (especially in times of crisis).**

**Progress To Date:**

- ◆ MDPH has identified a cadre of public health spokespersons in senior management who communicate with the public during public health emergencies. Public information officers on the local level and at other agencies perform similar tasks. The training needs of this large group have not been assessed formally, and training in communication techniques for this group occurs rarely.

**Proposed Activities:**

- ◆ A final statewide communications plan will be published, incorporating the results of formative research and the expertise of the Public Affairs staff, as well as input from local boards of health, regional collaboratives, hospitals, private health care providers, EMS, first responders and other public and private agencies. The needs of special populations and plan to address the needs of special populations will be addressed in this plan.
- ◆ In the final plan, key public health spokespeople will be identified and a plan to address ongoing training needs will be cited.
- ◆ The utility of the communications plan will be assessed in tabletop and functional exercises throughout the state.

**Timeline and evaluation:**

- ◆ A final communications plan will be published by June 1, 2003.